

LOUISVILLE/JEFFERSON COUNTY METRO REVENUE COMMISSION

FORM **1099-SF**

STATEMENT OF NON-EMPLOYEE COMPENSATION

Name						_
Address	S					
City			State		Zip	_
Federal		DSSN		Ext		
	K IF 100% OF SERVICE	ES PERFORMED IN LOUISVILLE M s on Page 2)	ETRO, KY	ACCOUN CALENDAR Y		
	COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
	NAME (TYPE OR PRINT)	STREET ADDRESS CITY, STATE, ZIP CODE	RECIPIENT'S SSN OR FID	TOTAL NON-EMPLOYEE COMPENSATION PAID	AMOUNT OF COL 4 EARNED IN LOUISVILLE METRO	OCCUPATIONA TAX WITHELE
NSTRUCT	TIONS FOR PREPARII	IG FORM 1099-SF FOR LOUISVII	LLE METRO, KE	ENTUCKY		
GENERAL:		ose recipients who receive \$600.00 or moter than or equal to \$600.00.)	ore for services perfe	ormed in Louisville Metr	o, Kentucky.	
COLUMN 1:	Enter the name of the recip	pient who received non-employee comper	nsation. (Enter lega	I name, do not use D/B/	A's.)	
COLUMN 2:	Enter the mailing address	of the recipient of the non-employee comp	pensation. (Home a	ddress preferred.)		
COLUMN 3:	Enter the social security no	imber or federal identification number of t	he recipient.			
COLUMN 4:	Enter the total amount of n	on-employee compensation paid to the re	cipient during the ta	ax year.		
COLUMN 5:	Enter the amount of non-e Louisville Metro, Kentucky	mployee compensation which was paid to . (Do not complete for any recipient comp	the recipient for ser pensated under \$600	rvices performed within 0.00.)		
COLUMN 6:	6: Enter the amount of occupational tax that was withheld and remitted to the Louisville/Jefferson County Metro Revenue Commission on behalf of the recipient of the non-employee compensation. Local taxes should not be withheld from non-employee compensation. However, if you did withhold in error, please record amount in Column 6.					
	ies of perjury, I declare tha and complete.	t I have examined this return, including a	ccompanying docur	ments and, to the best o	of my knowledge and	I belief, it is
SIGNATURE	:			DATE:		
RINT NAME	= :		TITLE	<u>:</u>		

REPORTING NON-EMPLOYEE COMPENSATION PAYMENTS TO LOUISVILLE METRO, KENTUCKY

DUE DATE: FEBRUARY 28TH

Taxpayers making payments of \$600.00 or more to recipients other than employees, (i.e. non-employee compensation payments) for services performed within Louisville Metro, Kentucky, are responsible to maintain records of those payments. The taxpayer making the payment will be responsible for completing Form 1099-SF. Form 1099-SF is to be completed and submitted to the Louisville/Jefferson County Metro Revenue Commission, P.O. Box 35410, Louisville, KY 40232-5410 by February 28th of the year following the close of the calendar year in which the non-employee compensation was paid.

Businesses that make "non-employee compensation" payments, where <u>ALL</u> monies reported over \$600.00 were paid to recipients for work performed 100% within the limits of Louisville Metro, Kentucky, may comply with this reporting requirement by checking the "100%" box on Form 1099-SF, and submitting copies of Federal Form 1099 MISC. (Completion of Columns 1 through 6 of Form 1099-SF would not be required.)

<u>IMPORTANT</u> - Persons receiving non-employee compensation payments for services performed in Louisville Metro, Kentucky, will be required to report and pay local tax on that income. Since many persons receiving this income are not aware of the local tax requirements, we ask that you advise them to contact the Louisville/Jefferson County Metro Revenue Commission to obtain a local tax reporting number and tax forms. Recipient's failure to obtain a tax number and file the proper tax forms can result in substantial penalties, fines, and court costs.

NOTE: Federal and State Governments also have requirements regarding reporting of non-employee compensation. For information pertaining to Federal and State requirements, please contact the Internal Revenue Service and the appropriate State Authority.